



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED
Driss Breath Alcohol Program
By Carol Day at 2:19 pm, Sep 02, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204096	DATE OF INSPECTION 8-30-09
LOCATION OF INSTRUMENT (STREET AND CITY) Marion Co. Sheriff's Dept., 1703 Marion City Rd., Palmyra, MO 63461	TIME OF INSPECTION 1904

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ **DIAGNOSTIC CHECK (PRINTOUT ATTACHED)**

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER 49 °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2 °C)

☒ **CALIBRATION CHECK -**

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ■ .096

TEST 2 ■ .097

TEST 3 ■ .098

☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS 1 | (0-.04) 2 | (.05-.09) 4 | (.10-.14) 0 | (.15-.19) 2 | (Over .19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument meets Dept. of Health specs., Guth Labs., .10 solution, lot no. 03340, exp. 10-15-09

INSPECTING OFFICER

SIGNATURE

B. C. Griffin

PRINT NAME

B. C. Griffin

TYPE II PERMIT NUMBER/EXPIRATION DATE

920080 / 04-22-2011

TELEPHONE NUMBER

(660) 385-2132



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is October 15, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BAC DataMaster

Evidence Ticket

TESTING OFFICER:
GOTTFELD/BRANDON/C
OFFICER I.D.# 6629
PERMIT NUMBER: 520060
EXPIRATION DATE: 04/22/11
MISCELLANEOUS DATA:

SUPERVISOR NAME: _____

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BLANK TEST                .000      19:16
INTERNAL STANDARD        VERIFIED    19:17
EXTERNAL STANDARD        .096      19:17
BLANK TEST                .000      19:18
EXTERNAL STANDARD        .097      19:18
BLANK TEST                .000      19:19
EXTERNAL STANDARD        .098      19:19
BLANK TEST                .000      19:20

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$\mu_1 = 1$
 $\mu_2 = 1$
 $\mu_3 = 1$

Operator Signature

Printed on recycled paper with agri-based inks

CMS

BAC DataMaster Evidence Ticket

THISSOURCE STATE HIGHWAY PARKED
196. CYCLOMETER SERIAL NUMBER 204990
05-06-49
19:04

..... **RECORDING PAGE**

COMPILERS:	OKAY
PROGRAMS (MS-DOS-PCDOS):	OKAY
HEATERS:	
SAMPLE CHAMBERS:	49c
FLOW DETECTORS:	OKAY
PUMPS:	
HIGH SPEED:	OKAY
RETECTORS:	OKAY
FILTRERS:	OKAY
CRACKING STANDARDS:	OKAY
LAB. CRYSTAL:	OKAY

PRIMER TEST

```
!"/%&'()*+,-./:;@A56789:[]^_`a bcd efgh i j k l m n
opq rstuvwxyz{|~" '()*+,-./:;@A56789:[]^_`a bcd efgh i j k l m n
opq rstuvwxyz{|~"
```

Operator Signature

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CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
VHC DATAMASTER SERIAL NUMBER 204096
08/30/09

ARREST TIME: 17:30

SUBJECT NAME:

TEST

DOB: 01/01/76 SEX: M

STATE/ID.: MO/1234567890

ARRESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 6429

TESTING OFFICER:

GRIFFIN/B/C

OFFICER I.D.: 6429

PERMIT NUMBER: 920000

EXPIRATION DATE: 04/22/11

MISCELLANEOUS DATA:

R.F.I. TEST

--- BREATH ANALYSIS ---

BLANK TEST	000	19420
INTERNAL STANDARD	VERIFIED	19420
RADIO INTERFERENCE		

Operator Signature

B.C. Griffin

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CMSU 2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRANDON GRIFFIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/22/09
Number 920080
Expires 04/22/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)